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ABSTRACT

This paper describes a project designed to integrate the Aging/Aged Developmentally Disabled (AADD) person into the larger community. Section 1 presents the ideology of the project. Section 2 describes the Macomb and Oakland Integration projects, two plans designed to evaluate the personal and environmental variables that affect the integration of the AADD clients (N=38) into the larger community. Steps taken into consideration during the planning, implementation, and evaluation of the two plans are explained; barriers to integration are described; and in-depth discussions of each of the two plans are provided. Section 3 contains materials personalized to reflect the growth of the groups' self-advocacy skills. The People First Movement of handicapped persons in the United States and Canada is discussed and the birth, development, and current status of the Utica Senior Chapter of People First, comprised of the 25 members of the Macomb Integration Plan, is presented. The appendices contain information on Shelby Seniors TOO!, a multipurpose center designed to help the AADD person become integrated into society. A People First flyer is also included. (NRB)

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Different Shades of Grey

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Martha

The tragedy of life is what
dies inside a man while he lives

Albert Schweitzer

This monograph is dedicated to Arlene, Clyde, Sylvia, Ruth, Shirley, Lois, Bob, Stan, John, Martha, Carol, Abe, Richard, Madeline, Bernice, Bernie, Ken, Helen Joe, Bob, Earl, Millie, Ronald, Phyllis, Hazel, Eleanor, Doris, Lucille, Lois, Loretta, Janet, Joseph and Pauline for allowing me to realize the joys of "being integrated".

Preface

This monograph fulfills one major objective of a demonstration project sponsored by Grant #54-P-71654/5 from the Developmental Disabilities Office, Office of Human Development Services, DHEW. The project is called "Service to Aging/Aged Developmentally Disabled as a Basis for Training and Technical Assistance." It is a cooperative effort between the Institute for the Study of Mental Retardation and Related Disabilities (ISMRRD) and the Macomb-Oakland Regional Center (MORC). Its purpose is: 1) to develop cooperatively with MORC a model, community-based service program for Aging/Aged Developmentally Disabled (AA/DD); 2) to use that service program to develop and demonstrate a cooperative training program between a university and a community-based facility; 3) to develop and field test new service and training methods and materials; and 4) to disseminate materials on state, regional, and national levels.

Section One: The Ideology

The integration effort described in this monograph is based on the principle of normalization (Nirje, 1969). Normalization is a concept of service delivery and planning originating in Scandinavia and initially defined as "...letting the mentally retarded obtain an existence as close to the normal as possible," (Bank-Mikkelson, 1969). First applied to the field of mental retardation, normalization has led to far-reaching changes in residential and other services for the retarded persons in Scandinavian countries and elsewhere.

A further refinement of the normalization principle added the essential point that not only is it important to have normalizing environments as a goal, but the means for achieving this goal must also be normative. Thus, we have the most recent definition of normalizaton: "Utilization of means which are as culturally normative as possible in order to establish and/or maintain interpretations, personal behaviors and characteristics which are as culturally normative as possible," (Wolfensberger, 1972).

Integration means to "combine into a whole", or "make complete." Integration of the AADD person, that is "to combine into" society was probably the most important guideline for the service development described within this report, which relates directly to the principle of normalization. Integration for the 38 AADD seniors who participated in the project meant not being labeled and having access to and contact with non-handicapped senior citizens in a normal milieu. Integration meant the opposite of segregation and isolation, and the cessation of depersonalization and rejection.

Although literature exists documenting the rationale, barriers, strategies and models for early childhood and adolescent integration into the community mainstream (Guralinick, 1978), little documented information exists regarding the barriers, strategies and models for integration of the AADD person into the community mainstream which includes their senior citizen peers.

As a result of a brief survey of fifteen nutritional centers for senior citizens and some fifty non-handicapped senior citizens within them, I quickly learned that the attitudes of the non-handicapped seniors were serving as a major barrier to the integration of the AADD senior. Although the sources of their attitudes originated from ignorance about this population, most of them perceived the AADD to be less competent, and because of those perceived incompetences, probably unable to attend any of the nutritional or multipurpose centers currently offering services. About 18% felt that because they "looked different" would prove to be a major barrier and that many of the non-handicapped seniors would need to resolve this issue in their own minds before the AADD senior could be integrated. Finally about 87% of the non-handicapped seniors expressed fear about 1) not knowing how to communicate with the AADD senior and 2) how to manage inappropriate behaviors that could occur. So the task that faced us was to enhance the perceived competency of the AADD senior in the eyes of the non-handicapped seniors. The concomitant tasks were to help the AADD seniors change some of their behaviors that <u>were</u> functioning as stigmata that if not changed would probably justify the non-handicapped seniors "perceptions" upon contact within the senior center environment, and further serve as reasons against integration. It is the purpose of this monograph to share with you, my successes and failures, in testing two practice models which address the integration of the AADD into the senior citizen community.

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Section Two:

From Ideology to Action:

The Macomb and Oakland Integraton Projects

Wouldn't it be great if we never had to leave the community, never had to worry about getting back into it, or never had to worry about having a place to exist within it.

Carol, 1981

Throughout history, it appears that integration of any "different" group of people, has occurred in one of two ways. Either the group as a whole is integrated, or one member at a time is integrated, into the mainstream. Obviously many personal and environmental variables affect how successfull these approaches are. So I designed two Integration plans (The Macomb plan, and the Oakland Plan) to evaluate the personal and environmental variables that were affecting the integration of the AADD client into the larger community in two counties (Macomb and Oakland) in southeast Michigan. Although I would like to say that there was some brillant social science reasoning behind the titling and design of the plans, in reality the titles actualized because the project had identified 28 seniors who resided in Macomb County, and 13 seniors who lived in Oakland County.

In order to be eligible for consideration for service, the referred person needed to be 1) 50 years of age or older, 2) developmentally disabled, and 3) currently served or known by MORC. Referrals came through a representative of MORC who acted as the project liasion throughout the service period.

It is the intent of this section to lay out in an organized manner, those steps taken into consideration when we planned, implemented, and evaluated the two plans for our senior citizens. I envisioned the task to have the same basic stages identified by Dickerson, et al. (1974). The first stage, planning, involved gathering information on clients, the community support system, generic service availability and support. Through analysis, problem solving, and goal setting the project became focused. In the second, or preparation stage, I designed the two Integration plans according to the resources available within the two counties in which the senior(s) resided. The third, or practice/training stage, brought all the planning, and preparation information and resources to reality within the budgetary, personnel, and social-cultural milieu. The fourth and last stage of evaluation and maintenence planning, involved advocating for continued service and assessing current service

program availability in light of future operational needs.

This step is designed to assist the integrative effort by proactively programming activities with the clients rather than the traditional form of reactive programming activities for the clients found in the field of developmental disabilities. I will be outlining a plan designed to meet the individual and group needs of our 38 clients. However, be aware of the importance of flexibility and creativity for each situation that you may encounter.

Initial Information

First you need to determine the size of the service you intend to provide. In order to identify the clients, I requested infcrmation from MORC about client's name, age, address, phone number, contact person, phone number if different; guardian status; and social history information such as years in institutions, family information, and status, at current placement. By requesting this information from an agency like MORC I ensured that confidentiality and legal notification rights were protected and established the agency as the focal point of responsibility for the AADD senior. This agency was responsible for case management or brokerage services for the AADD client and eventually would need to assume advocacy responsibilities for the continued integration of their clients.

Going to the Client

After retrieving the client data information, it was essential to do two important tasks. First, it would be very difficult to advocate for integration for any of the 38 seniors if I had never met them, so I made the rounds to many of the homes and introduced myself to staff and seniors. This provided me an opportunity to describe the broad goal of the integration effort, and thus complete the second task.

Importance of Integration

Initially my goal was A) to develop a series of experiences which would

maximize the opportunity for the AADD persons to increase his actualization of self within his AADD community, and enhance the AADD senior's definition of his community by his acknowledgement and acceptance into existing senior citizens programs; and B) to offer formal and informal training experiences for staff and volunteer personnel to support the AADD person's increased sense of community. I believed that the AADD senior would be perceived as less deviant and thus more competent when immersed in a group of seniors who are not seen as different, than when the AADD senior is among a group of developmentally disabled persons. If this belief was true, stigma reduction should occur by way of integration into the senior culture/centers!

Barriers to Integration

Quickly I became aware of potential barriers that would hinder integration. Many of the AADD seniors did not want to give up a day of their programming at their adult activity centers or community workshops. Who could blame them? After all, we professionals and parents had fought for years for those services and had conditioned the clients to come to depend on them for economic return and interpersonal fulfillment.

Another barrier was transportation. Many of the seniors were living in corporation-owned facilities which were opposed to transporting one or two of the senior residents to a senior citizen multipurpose center. In many cases public transportation was inadequate or the training resources were unavailable to train each senior to negotiate difficult bus routes independently. Also patronistic comments regarding liability, fees, gaurdian approval, and the "nature" of the activities were frequently heard throughout the homes I visited.

This is one of the crucial stages upon which successful integration hinges. As an advocate for the seniors it was essential that I knew the attributes for each of the thirty eight seniors, as well as the deficits identified by their caregivers,

because the next step was to seek support from senior citizen community leaders, members of parks and recreation departments, and other political and influential people.

Caregiver Myths Around Integration and How to Deal With Them

During my initial survey, I frequently heard complaints about how in the past certain group homeowners had dumped the clients on the door step in the morning and expected the senior center to provide programming and support services for the AADD persons' entire day. Clients had been left with no explanations as to what staff could expect, or whom to contact in case of emergencies. It quickly became apparent that if I were to be successful I needed to contact the site hostess of the local senior center and help the client introduce himself into the center. Thus paramenters of involvement could be established and dumping avoided.

I could have searched through the individual communities to locate senior citizens centers close to most of the 38 seniors, but I learned that each county had a council on aging which is as responsible for overseeing the operations of all the counties nutritional and multipurpose centers. (An important point to remember is not to recreate the wheel, unless of course no wheel was ever developed.) Armed with the descriptive data of the clients I went to each county council to find out specifics about the particular county. I learned how the programs were funded, where they were located, who was the contact person for each, and what role the council was prepared to play in the integration efforts.

The Macomb Design

The actual designs for the county wide integrative efforts took shape at the county council level. In Macomb County it was suggested that a trained mediator visit many of the centers throughout the county and determine 1) skills necessary to blend the AADD person into the senior citizen milieu (i.e. social skills, independent self-care, etc.) and 2) provide training in these skills to the AADD in a group

situation so that those who desired integration and who possessed minimal entry skills could be integrated. Figure I depicts the movement of the AADD person through the proposed plan.

The Barrier of Fear

This idea initially sounded as if the AADD senior was expected to meet criteria for acceptance into centers that the non-handicapped senior participants were not expected to meet. This was partially true, and I believe it stemmed from the non-handicapped senrior's fear of the unknown. The attitudes of many elderly persons was totally against someone coming to their center who hit people, or couldn't feed himself, or urinated in his pants. These behaviors represent justifiable concerns, but each are quite modifiable. I believed strongly that if I could modify the AADD seniors negative behaviors, I could use the senior milieu as a setting which would support the training efforts and in the future reduce fear. Thus, it was essential to educate everyone, at every level, involved in the integration efforts and to remember that successful integration permits entry on many levels of a conntinuum.

The Barrier of Inadequate Skills

I was assured that non-handicapped seniors who lacked these same skills were not "welcome" in many of the senior centers either, so separate criteria were not completely being created. Through working with the local existing senior centers, volunteers could be recruited to participate in the AADD seniors activities, in order to develop relationships, and eventually introduce the AADD senior to their friends at their senior center. Training then could also be offered the volunteer senior, and as relationships became established the "perceived deviance" would decrease and the probability of the senior recruiting other seniors to participate as volunteers would increase.

It was felt that the major advantage to the Macomb design was that it

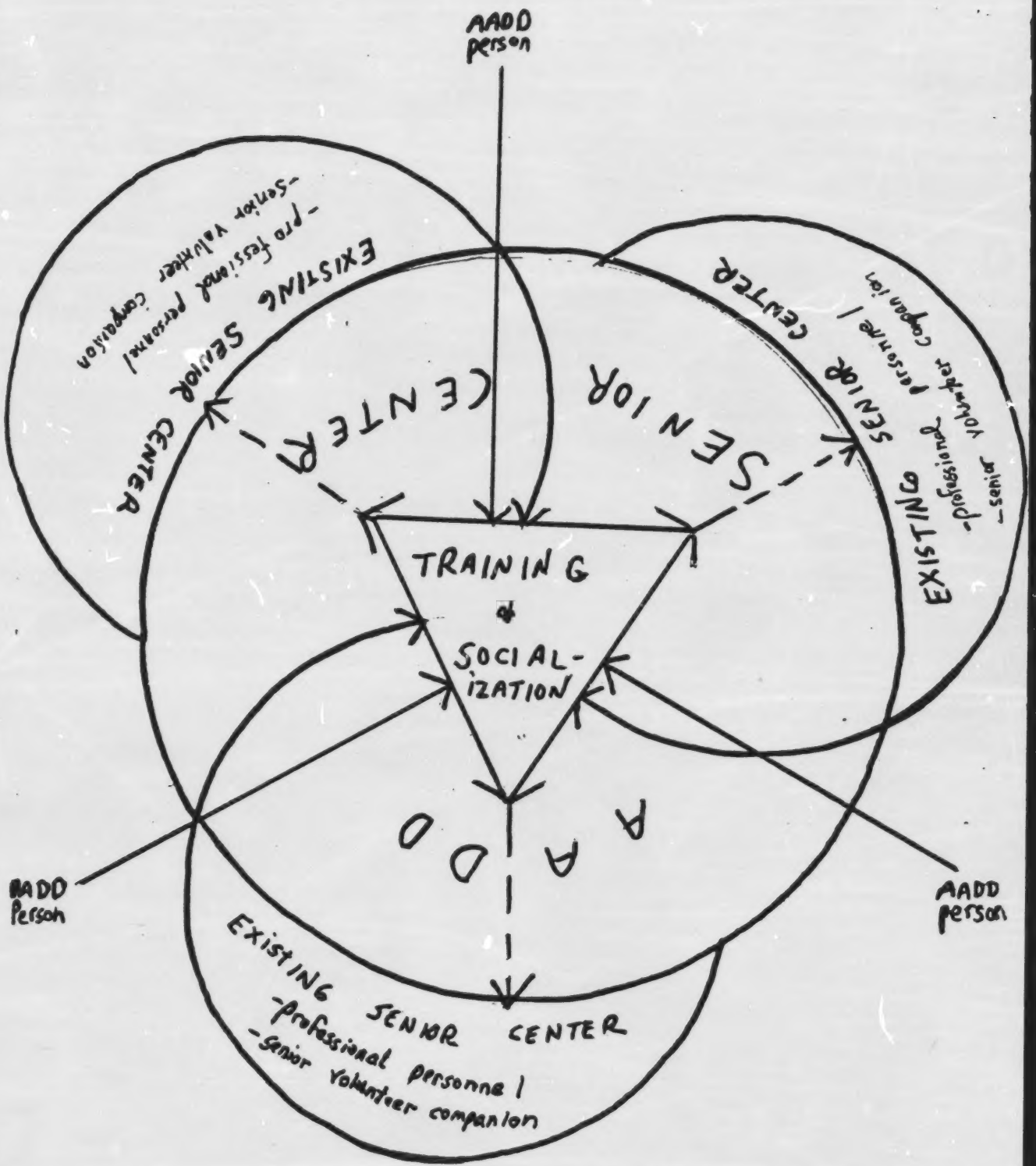

Figure I.

Diagram developed by Eunice M. Thurman

afforded many of the profoundly handicapped AADD seniors (who seemed to be disproportionately represented in Macomb County) an opportunity to interact with other seniors, receive training, and thus experience increased independence and a greater sense of community.

The Oakland Plan

In Oakland County it was emphatically suggested by the council that someone who was knowledgeable about AADD persons and their "special" needs visit the senior centers located within the geographical area of the AADD seniors' residences and desensitize the site hostess' as well as introduce the integration ideas. The Oakland Plan was thus based on the philosophy that the necessary pre-training and exposure could be carried out in the AADD client's "natural" home environment by trained volunteers from the senior centers in their own community (See Figure II). In this plan the most suitable senior center in terms of distance, social criteria, accessibility, etc. could be identified. Recruited volunteers, usually the site hostesses, could then be trained to understand how the the aging and developmental disability components affect the behavior of the AADD person who attended a center. Then they would be more prepared for their interactions with the AADD person and after brief periods of time the AADD person could be integrated into the local center, using the site hostess as the helping friend thus reducing fear. Any inappropriate behavior could be modified in the home environment as part of the AADD persons individual habilitation program plan. Here again is a place where the case managers from the generic agency (MORC in this case) should provide support for the integration efforts by 1) writing this into the clients plans, and 2) assisting to remove administrative barriers as they occur, so training efforts are facilitated.

Advantages

Obviously the advantages of this plan are that 1) the AADD person is introduced into the community center on a one-to-one basis after establishing

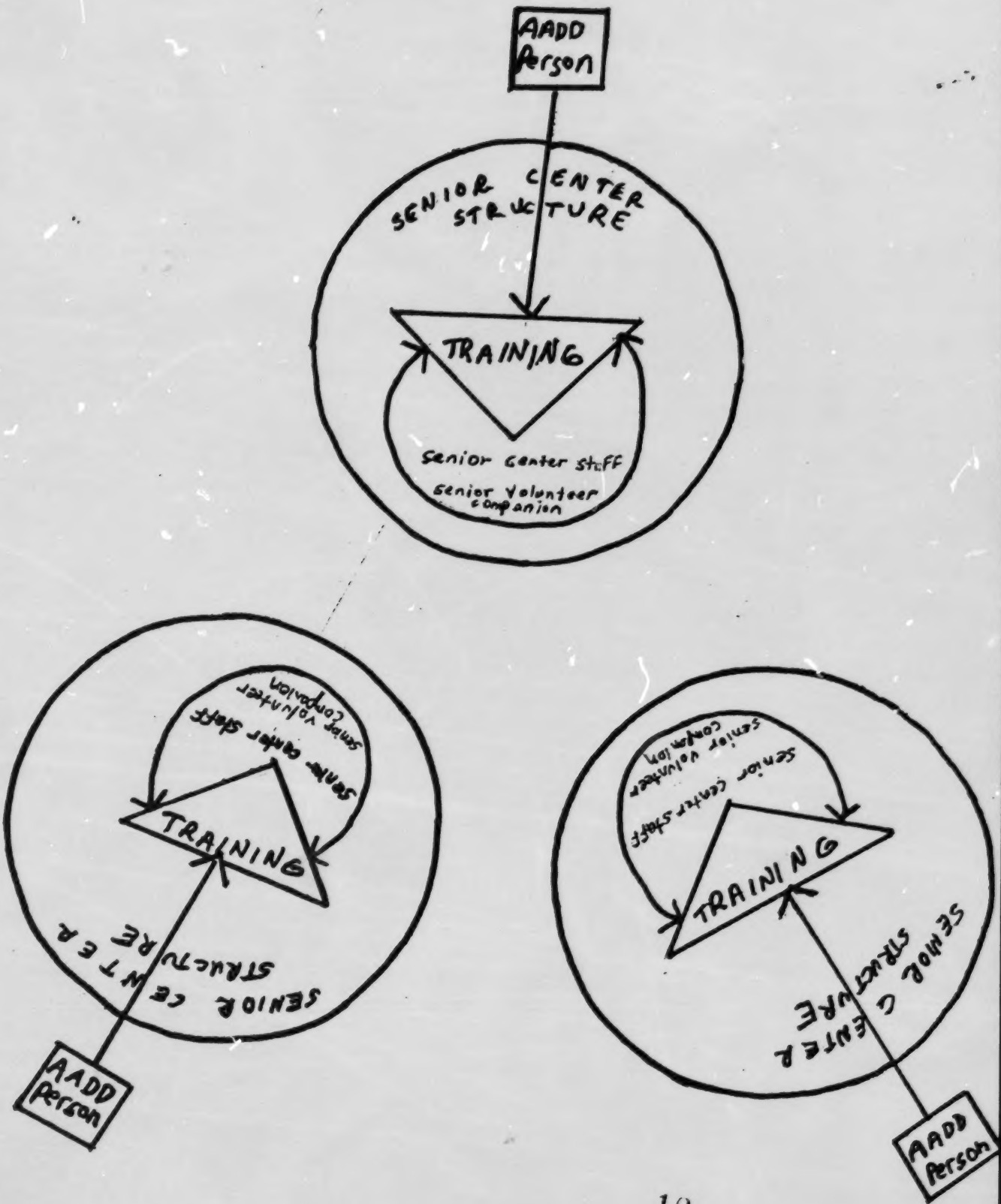

Figure II

Diagram developed by Eunice M. Thurman

rapport with a site hostess, and 2) administratively this is more normalizing at all levels.

Preparation for Service Within the Macomb Plan

The plans, now designed, quickly separated in terms of the specific tasks necessary to perform in the third stage or Preparation for Service. In order to avoid see sawing between the plans, the remainder of this section of the monograph will be separated into in-depth discussions of each of the plans.

Getting A Place to Meet

Once I 1) obtained group data, 2) identified potential barriers, 3) solicited feedback from the community, and 4) established the basis of responsibility, it was time to identify a location for program. It was desirable to identify an existing senior center that was centrally located between all the cities where the twenty five seniors lived. I wanted an existing senior center, because even if the AADD clients were not attending program with the non-handicapped, we would gain substantial legitimacy by occupying the same building. Also it would be easier to replicate center programming, facilitate generalization of training and thus ease the transition of AADD clients into an integrated experience within the building.

The most centrally located nutritional/multipurpose center for senior citizens was in Shelby Township and was called the Shelby Seniors. Using advice obtained from the site hostess, I contacted the Shelby Township Parks and Recreation director to investigate the possible use of the building. This proved to be another critical step in the integrative efforts. I learned that the township already provided an annual picnic for all retarded citizens, and that the Shelby Township Parks and Recreation Department offered recreational programming in the summer. It was vital that I justify the existence of "another" program for these people. After

summarizing goals, I quickly mentioned that many of the AADD seniors could provide less expensive janitorial and maintenance services to the district, and that I would be willing to offer free consultations to the parks and recreation departments regarding programs for handicapped. I also mentioned that I could send a letter of commendation to the Shelby Township Community Council acknowledging the director's support for the handicapped, during the International Year Of Disabled Persons, thus enhancing his job performance.

I believe that because the proposed service would be self supportive, and the group had something to offer to the community, lead to the eventual use of a building. However, the group was housed in a separate building for three months because the senior center building was being used by the township for wedding receptions and other activities during the hours we wished to use it. We took what we could get, and made the very best of it, realizing that short term pain was worth long term gain!

The group was called the Shelby Seniors TOO! With help from the site hostess of the Shelby Seniors Center I designed an exact replica of the original services for the AADD seniors. I was convinced that the more the program looked like the existing senior program the easier generalization would be for the AADD seniors when achieving integration into existing service. In addition, the volunteer seniors who would be joining us would benefit from familiar procedures.

Planning the First Meeting

A description of the Shelby Seniors TOO Multipurpose Center is in Appendix A. This document was initially used to inform all of the AADD seniors about the program. It was attached to a personal letter sent to each senior inviting him to attend the program. In order to facilitate the involvement of group home staff, case managers, and other community members, copies of the center description were sent to the managers of each home, to each case manager at MORC, to the senior

center site hostesses and the director of Shelby Township Parks and Recreation Department.

A meeting was held in where group home staff, case managers, and community members could raise questions, voice opinions, and solve problems around the Senior TOO Program proposal. This step implemented in both counties, proved to be invaluable for the providers of care, and the community personnel, but of little importance to the case managers.

It became apparent that in this case the advocates for the AADD seniors were the home managers, not the case managers, so subsequent communications were directed to them and input was solicited from them. I recognized the need to determine the "power broker/advocate" for each client in order to facilitate the highest level of service with the least amount of resistance or worse, "non-action".

Opening Day

Once all of the preparation and planning had been completed for the Shelby Seniors TOO Center a starting date was selected. Because the experience was designed to meet individual and group goals, it was critical that I have 1) a systematic method of structuring and evaluating the group process, and 2) a systematic method of measuring individual participation levels within the group. I regularly used a guide to group process outline as I planned with and for this group. A copy of the format is provided in Appendix B. This outline encourages the group facilitator to be aware of the group's dynamics; to anticipate potential problems; and to feel a sense of freedom to adapt the design as needed during the group experience.

To provide you with a chronology of events prior to our first meeting. Preparation began August 1, 1980 and we were ready to open the center on September 13, 1980. We met every other Saturday, usually between 1:00 P.M. and 4:00 P.M., beginning on September 13th. Our first meeting took place on September

26. Although a copy of the group newsletter appears in Appendix C, some of the experiences during the first several meetings bear highlighting.

The Group Leader

Throughout the first three meetings, I felt as though I were at the center of the group. The group members looked to me to do for them. In fact, at the Oct. 4th meeting, one of the seniors, John, chewed me out for forgetting the sugar for the coffee. On that same day, one van load of seniors waited for me to assist them in getting out of the van and expected me to escort them into the center! Although initially I felt it was necessary to model and facilitate group acquisition skills I felt that I was falling into a patronistic trap similar to that which ensnares many of us who work with the handicapped. In my process recording of an early meeting I recorded 67 "I" statements, clearly indicating that my position in the group needed to shift, and that responsibility for the group development and maintenance should be shared with the AADD senior members.

We offered coffee within the center, and it became apparent how some seniors had limited access to coffee within their homes. Bernie would enter the room and holler, "Doctor would you get me some coffee?" I replied, "I'm not a doctor, and if you want coffee you get it." It took quite a bit of prompting, but she finally made her own coffee. Once she realized she could make her own coffee without being punished she made 15 to 25 cups within a three hour period. Although we were concerned about the amount of coffee she consumed, it was clear that her gluttony was caused by her limited experience with self control and taking responsibility for her actions. Within three meetings, she reduced her coffee consumption from an average of 20 cups to 4 with no systematic intervention by the worker except praise for self-control.

A Specific Client

Initially, group responsibility and cohesion within the group was quite low, with

many of the ambulatory and verbal members in one area, and the non-ambulatory or nonverbal members in another. Many of the seniors used behaviors to avoid contact with other members and to gain attention from me or the volunteers. Interactions with a 58 year old Ken reflect this. Ken came to the program in a wheelchair. Because of a long history of paternalization and infantilization, he seemed to be quite dependent upon others for his basic needs. The group home staff reported that because Ken was confined to a wheelchair, he required complete assistance in the areas of eating and toileting. Since he was considered non-verbal, he was toileted every thirty minutes so that he would not urinate on himself. After observing the staff attendants toilet Ken, it became obvious to me that Ken became uptight and anxious around toileting, perhaps related to aspects of his sexuality. He would not initiate urination on his own, or for them, and would thus experience frequent accidents.

Utilizing a behavioral program I designed for Ken, I stimulated him to ask me verbally to assist him whenever he experienced the necessity to use the toilet. He learned my name and he began to use it often. Upon entering the bathroom, I spoke with him in a gentle tone about relaxing his body and tried to allay his anxiety. I gave him coffee for increased periods of relaxation and rubbed his back to lessen his anxiety. I positioned him in an area where he had access to his hand urinal and close to the toilet so that he could empty the urinal into the toilet upon completion. Initially, it took about thirty minutes for Ken to urinate, but this decreased to about five minutes, in three sessions. I was allowing Ken to experience me as a male companion and friend, who was supportive but not coercive as others had been. Upon completing his task, I praised him and asked him to fix himself up to reenter the group. Ken wanted to get back to the group because he began to realize that I was a part of the group, and would no longer be in the men's room. He began to smile at me and after the third session, he hugged me around the neck

and squeezed me affectionately.

Simultaneously this effort was accompanied by provided Ken with dignified experiences in the group. For example, upon learning that Ken could verbalize, and even more exciting, sing, I prompted him to sing a solo with minimal support from the group. The group quieted and listened to him attentively and he made it all the way through his song. At the end he began to cry because he was so excited with his accomplishment. I truly understood then, the powerful support a cohesive group could provide to a member. Finally, Ken remained in the group for the entire three hours, without needing to go to the toilet, and he didn't wet his pants.

Self Advocacy

Since the underlying theme of the experience was human rights and self-advocacy, a representative from the Michigan Department of Protection and Advocacy was invited to a discussion about the members' rights as "People First and Handicapped Persons Second." During the discussion one senior mentioned that "I have the right to live in the community and go where I want, when I want to". He then turned to one of the senior volunteers, who had mentioned earlier that his son was putting him into a nursing home, and said, "Tom, don't let them take away your mail, or your money when you go to your hospital like they took mine away when I lived in a hospital". With tears in his eyes, Tom thanked him for the advice. The senior volunteers reported these and other experiences at their center meetings when reflecting on their interactions with the AADD seniors.

The Group Moves to Cohesion

The November 8th meeting was one of two major turning points for the group in terms of achieving independence and cohesion. With the example provided by one of the seniors who had fulfulled his commitment to bring cups, the group members identified and volunteered for individual tasks and responsibilities necessary to support Seniors TOO. They nominated: Martha, Millie and Ruth to be the car

unloading committee; Bob to be responsible for the plates and spoons; Stan the cups; John the donation jar; Richard and Bob the coffee pot; Richard proclaimed himself as the social worker; and Bernie, Madeline, Martha, Abe, and Carol were the clean-up crew. After four meetings the individual members were moving from non-involvement on the periphery of the group to full participation with increased socialization and assumption of responsibility for their group. After this meeting I recorded only 8 "I" statements in my progress notes. I was becoming less important to the group. In Appendix D I have included a copy of the meeting plan schedule for the November 22 meeting. The density of activities which were completed, by the AADD seniors is illustrated. Obviously the group had come a long way in four meetings. Notice item (a) in the business meeting section. Martha, Bob and John were nominated by the group to represent them at the People First planning meetings held in the state capitol at Lansing. (A complete description of the People First movement is presented in section three of this monograph.) It was thrilling to watch these three people pass around snapshots of the capitol and describe what they had done during their meeting. Also notice that the group had to arrange for meeting places for the weeks of Dec. 6, 20, and Jan. 10 because the building was to be closed and the groups could not move into the Shelby Senior Center until Jan. 20. The group members identified the two alternate places which were used for subsequent meetings! The group decided that they should go into the community for lunch one day, and out to see the Christmas decorations on another.

At the December 20th meeting Richard and I were casually walking through the crowded stores looking at Christmas decorations. He wished the passers-by a Merry Christmas in a low, gentle voice. Some people upon hearing him turned angrily and said "What the Hell did you say?" and/or "What do you want?" or "He must be a mental patient!" Richard, seemed immune to all these attacks directed towards him, and simply repeated the "Merry Christmas" wish with the sincerity and

boldness of a wise man. Without exception, those previously angered people said, "Thanks, I almost forgot it is Christmas" or "Yea, Merry Christmas, Friend". I asked Richard if he thought he should talk to strangers and he responded, "No ones a stranger at Christmas" and "You won't get hurt at Christmas". The honesty and clarity of the thoughts and feelings the seniors shared with me throughout this entire integration effort was overwhelming and gratifying.

On January 20 we rejoiced for we finally had a meeting in the building that the Shelby Seniors used. The respect and care displayed by the AADD seniors towards that building was remarkable. Comments like "God, it's great to be home," or "This is where we belong" were not uncommon. Seven senior volunteers were now attending meetings regularly and relationships were developing rapidly. The Seniors TOO had adapted to a separate center in a dignified way, moved into the greater community with discriminating ease, and were exhibiting many of the behaviors that "non-handicapped" seniors usually exhibited. The group members paid dues, made and used name tags, made their own coffee, set up recreational activities, conducted business meetings, played Bingo, sang, and cleaned up, with few prompts from me. The pride the seniors had earned was reflected in a comment by one of the seniors when she said,

> "Wouldn't it be great if we never had to leave the community, never had to worry about getting back into it, or never had to worry about having a place to exist within it."

In response to her sharing, the group had a lengthy discussion about their rights and responsibilities as people.

The group cohesion was developing more rapidly than I had expected and their sense of group ownership and determination to remain a group came through very clearly in the meetings of Feb. 28 and March 14. During the Feb. 28th meeting I arranged the chairs at the front of the room so I could start the business meeting.

Joe, Stan, Bob, and John, quickly sat in the chairs and Joe called the meeting to order. He turned to me and asked me to talk to the group about what to do next. I said we should discuss the next meeting. While this was happening Carol asked what was written next to the April 11th date on the chalkboard used to display meeting dates. Opposite the date was written "Dave's last meeting". Once I read it out loud, the group, which had been noisy quieted down, and silenced. Carol said "That's not fair", Martha said "We won't let you go". After clearing the emotion from my throat I asked the group members to mention what they liked about the group and what they thought we should do to maintain it. Stan said "I like the group because it is fun," Pauline said, "It is nice to be with people who care about me," Janet said, "I don't like all the talking, let's play Bingo," John said, "I don't want to stop the group because I am learning about my rights," and Millie, Bernie, and Joe seconded his opinion. I then asked the group to reflect upon the goals of the group. They agreed that one of the goals was to learn to speak up for themselves and to learn about their rights, and that had been accomplished. They had wanted to learn about the community and that had happened. They were getting together to learn how to act in a senior center, and that they were still doing. Stan said, "Lets vote on keeping the group with a new person." They agreed to bring nominations for a new person to the next meeting and happily started a Bingo game.

The ultimate joy of working with this group of people came for me during the March meetings when, the group affirmed its existence and its independence from me as the leader. At the March 14th meeting, after the initial coffee, cookies, and greetings, Pauline said, "Let's have a meeting." When I asked, "who wants to run the meeting" and she said she would. She began by describing her feelings about how nice it was to be there and repeatedly told Ken and others to keep quiet so she could talk.

She then said "It was good that all of us people could be together and speak up as a group". I mentioned that that was what "People First" was all about, and again explained the movement. All the seniors proclaimed that they were going to Mt. Clemens in August for the People First convention.

Pauline asked, "Why is it important to have a group?" Millie, Martha and Madeline agreed that it was important to be a group in order to share ideas, to speak for their rights as people first, and to have fun. While I was asking the other group members if they agreed, Madeline stood up, and walked over to stand next to me. She made a powerful, clearly stated speech about the importance of belonging to a group. She said if Bernice was always going to "bitch" and not support the group she should stay home and not ruin it for the rest of the members. The group acknowledged Madeline for her assertiveness with a loud round of applause, and Pauline hugged her and gave her special praise for speaking up and sharing her views.

I asked the group, "Whose group is this?" and they said "ours". Earl said, "if someone doesn't like the group, it's their problem because they could change it, or not come." Even Ken and Helen who are "supposed" to be nonverbal were mumbling loudly during the time of group proclamation and affirmation. When asked if the group had further business Millie boldly said, "Yes, we need to play Bingo", and the group rallied around her in support.

Once I realized that the group was asking for continued existence, and had the right to continue without me, I began the search to identify someone within the local parks and recreation department who could work with the Shelby Seniors TOO Group. As timing and luck would have it, the Sterling Heights Parks and Recreation Department had hired a recreational specialist to provide programming for the senior citizens in the community. The recreational person specialized in service to the handicapped and was delighted at the prospect of integrating Shelby Seniors TOO into the existing senior center for one or two days a week starting in September,

1981. Since the Sterling Heights Parks and Recreation Department had wanted to make a "noticeable" commitment during the International year of Disabled Persons by hiring a specialist, the prospect of incorporating an existing group was well received. Once again the group had something to offer to the community which required minimal support.

I was invited to make a presentation about Shelby Seniors Too, to the original Shelby Seniors Center. In addition, several other members who had been volunteers at meetings of the Shelby Seniors Too shared some of their experiences. After the third presentation by one of the volunteers (who was a father speaking with tears in his eyes), it was moved that the Shelby Seniors produce and direct a commencement experience for the entire Shelby Seniors TOO! group and welcome them into regular club particiation. It was unanimously supported by the membership and all the volunteers were applauded for their efforts on behalf of their fellow AADD seniors.

At the March 28th meeting I introduced the person who was to take my place, and who would facilitate the group member's integration into the real senior center. During the introduction Martha interrupted me, and said she had a present for me. She walked to the front of the room and said, "We got this for you because we knew you would have to leave us some day." (I need to mention that I had met most of these seniors one year earlier, at the second annual People First conference in Holland, Michigan. During that conference they had pooled their money, and bought me the gift, to be awarded at the appropriate time.) I unwrapped the gift to find a Wind Mill Chime to hang in my home. A chorus of "thank you" came from the group. At that moment, after all of our experiences, and with the new facilitator introduced, I realized the meaning of commencement, and felt proud of the people who sat before me.

The last meeting I attended was on April 11th. It was a tremendous commencement orchestrated completely by the Shelby Seniors. They had made

artificial flowers for the AADD seniors, as well as hand printed diplomas and graduation hats for each of them. During a graduation ceremony, the non-handicapped seniors welcomed each of the AADD seniors into their center by declaring them as People First, Seniors Second, and handciapped a distant third. (See Appendix E for an example of the diplomas). John summed the whole day up better than anyone when he asked the president of the Shelby Seniors, "Does this mean we made it?" She answered with a smile, "You sure have!".

The integration plan was approved by the Sterling Heights Parks and Recreation, and the senior center in that town was open to AADD seniors effective the first week in September. I am excited to report, that they are welcome to attend the center with the non-AADD seniors whenever they wish. Clearly a few of the members will choose not to attend. Others may attend sporadically, and a few will attend regularly. The wonderful outcome of the plan is that now each individual has the choice of attending or not, and will be certain of a welcome.

Preparation Within the Oakland Plan

Getting Started

As in Macomb county, after I had obtained individual client and group data, identified potential barriers, solicited feedback/input from the communities, and established bases of responsibility, it was time to visit the centers. The Oakland County Council on Aging had identified seven senior centers located throughout Oakland County that were geographically close to the homes of the AADD seniors I had identified for them. It was decided that in order to add legitimacy to the plan, I would be introduced to each of the seven senior center site hostesses by a representative from the county office. This proved to be a real blessing.

Getting the People Together

During the months of November and December, I personally visited each senior center. During my visitations I introduced the integration project to the site hostess

and interested seniors; briefly described the clients for whom I was advocating; listened to descriptive information about their centers, discussed anticipated problems; and identified training needs for the AADD clients as well as the site hostesses. As in the Macomb Plan I believe the initial success was based on the fact that 1) someone was willing to go the centers and discuss a plan for integration and 2) something of value was offered to the community and the system. I realized that the site hostesses and many of the county council personnel possessed little factual information about developmental disabilities, the aging process, or problem solving strategies to be used in typical situations. It became clear to me why people in the position to affect the attitude of an entire senior center were 1) upset because they had experienced mentally ill and developmentally disabled persons as being dumped on their steps, and 2) unaware of whom to call in case they had questions or problems upon actual integration. The AADD project offered two days of training for site hostesses about the AADD clients and their "special" needs. Methods of problem solving real life situations were shared as well as information about the human service system which served the clients including the contact person for each of the identified AADD seniors.

Because it was essential for the contact persons to be aware of the integration plans, I held a meeting at the Oakland office of MORC when I described the plan, and solicited staff support. In attendance at the meeting were the case managers for all the AADD seniors, the corporation owners of the homes in which the AADD seniors resided, and the manager from each of the homes. As a result no one in the system could plead ignorance as to the intent of the plan, or unawareness of their individual responsibilities to implement it.

Training for Personnel for Integration

In late December, three months after the first AADD senior visit, the Oakland County Council on Aging sponsored the two training sessions. This sponsorship by

the county council solved many logistical problems (i.e. who would run the senior center when the site hostess was in training, the preferred days and times for training, etc.). Legitimacy was added to the training. Descriptions of this training process can be found elsewhere (Dickerson and Thurman, 1981). At the conclusion of the training, it was felt that the participants had enjoyed the experience and increased their awareness about the unique needs of the AADD. Of greater importance, each trainee made a specific commitment regarding the integration of the seniors identified for integration into a particular center. Tables three and four provide a summary of the commitments made and the types of information and support needed to meet the commitment. I would like to address these commitments in the remaining portion of this section.

Table Three

Range of Commitments Between Home and Center

1. Site Hostess to meet AADD person in his home, describe center, establish rapport, extend invitation.
2. Site hostess to meet person in his home with AADD project person accompanying.
3. Initial contact at center by person from group home; Group home staff to bring AADD person to center. Introduce AADD senior on desired day.
4. Site hostess to meet person in his home as in #1.
5. Not at training.
6. AADD senior to come to center early in day accompanied by AADD project staff or group home staff and stay all day; information exchanged then.

Table Four

Types of Information To Be Exchanged

Senior center calendar (scheduling)

"Better" days for transition to center

Dropping off and picking up seniors, responsibilities and times.

Vital phone numbers.

Details around needs (reservations, $1.50 contribution if not 60)

Group home staff's impressions of clients behaviors and suggestion for remediation

Reflections on the Oakland County Model

A critical component of this process was that it included not only what was to be done, but who was to do it by when. The process allowed each site hostess to personalize her commitment and individualize how she would approach the effort to integrate AADD seniors into existing program. Guidelines were defined to assist the hostess in the process, and timelines were established. Communication presented the biggest difficulty at this stage. Because the case manager often chose not to be involved we encountered logistic problems completely unanticiapted during the training. Had the case managers accepted the responsibility to support the effort they could have experienced the feelings of success or failure as a result of their own efforts. It is vital to remember who should run the process, and assist them in the development, implementation and evaluation of the integrating experience based on shared knowledge and experience.

Regardless of the difficulties described, I would like to share the results of the Oakland Plan.

In the most successful experience, the site hostess and the home manager worked together and through their efforts have facilitated an AADD senior's attendance at the center every Thursday. One day a week was the choice of the

AADD senior since she is involved in day programming that she enjoys also. She reports that she likes attending the senior center very much. She has met numerous new friends, and is appreciative of the efforts of the site hostess, the group home administrator and the AADD project staff person who helped her get involved.

In another center the site hostess followed up on her commitment and encouraged the home staff and the two AADD seniors to attend the center whenever they would like. One of the AADD women has retired from her day program and expressed interest in attending the center. Transportation has proven to be a major barrier because the home is part of a corporation, and the corporation doesn't want to expend valuable resources transporting seniors to different centers even though the seniors request it! Obviously, this matter needs direct attention so it was referred to the case manager and as yet the situation is unresolved.

In a third center the site hostess completed her commitment by inviting the eligible AADD senior to the center within one week of the training. The AADD senior is a resident of another home within the corporation alluded to previously, so inadequate transportation proves to be a barrier for this client as well.

In center number four the site hostess extended an invitation to the eligible seniors. With help from the home staff the seniors <u>personally</u> responded "we are currently in a workshop making money, but some days we have off and on those days we would like to come by the center!" They also said, "we would like to come after we retire!" So clearly the integration effort has afforded these women an option which they never dreamed of having before. The site hostess felt great about her invitation efforts, and was surprised "at the level of maturity displayed by the women in their responses."

Finally, in another center, communication and responsibility barriers have prevented the AADD seniors from experiencing the program. Initially the site hostess was "afraid" of the process because she was expected to go the home and

meet the clients. In order to ease her anxiety, an AADD staff person agreed to go to the home to introduce the hostess to the AADD seniors. Obviously this is a situation where the case manager, who knew the women better than the AADD staff person, should have been contacted in order to arrange the visitation. The home manager could have responded by inviting the hostess, but until recently this has not occurred! Communication and responsibility for action are critical variables which must be constantly attended, or the AADD person loses!

Concluding Comment

Senior citizen multipurpose programs can provide services ranging from the bare essentials of custodial socialization to the highest level of support for the development of the "total person." The quality of the program offered by a senior center integrating a developmentally disabled senior is critical to its success. I have experienced that these seniors participate as fully as possible in the overall activities provided in these centers. The same developmental limitations that more normal seniors may experience as a result of deficiencies in their environment will also affect the senior who is handicapped. Conversely, a center that provides a variety of stimulating developmental experiences, and allows seniors to continue to learn or at least re-think these experiences according to their present level of competency, will be an appropriate setting for the AADD senior with handicapping conditions. These variations in quality must be kept in mind when a center is being selected for the integration of the AADD senior. Put more simply, a program that is inadequate for the "non DD" senior will also be a poor choice for AADD seniors.

Perhaps the essential thing I have learned over the last year is that in order to prepare the AADD senior for the community of non-DD seniors, we must start by teaching them about the real community of seniors within that community. If we expect to prepare future AADD persons for a wide range of human diversity in their

communities, we must start by providing a loving, co-supporting environment where each senior's individuality is appreciated.

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Section Three:

We Are People First, Senior Citizens Second

and Handicapped a Distant Third

Although the material in this section is personalized to reflect the growth of our groups self-advocacy skills, credit must be given to the authors of the People First Handbook (Cunio, Heath, Kaplan, Scott, Price, and Schaaf, 1974), for without this document and their personal suggestions, I as a helper would have been lost.

"I am sick and tired of being called retard, or mongoloid, or even worse - crazy! Can't people around me see how much those names hurt me, and my chances to be their friend!"

(Chris, 1980)

Not long ago, we knew very little about developmental disabilities, and we still know very little about the aged and aging developmentally disabled. As authors like Perske (1980) and Wolfensberger (1972) point out, we have been outstanding in the way we have labeled and classified people who had these conditions. People were called everything from imbecile to gargoyle, by the professional as well as the lay person.

Perske reminds us that,

> "when ordinary citizens speak that way (using labels like mongoloid) about people with handicaps, it is as if they were pinning large badges on them. The diagnostic words on the badges draw so much attention that everyone around the poor labelees becomes blind to their attractive qualities. Because such a practice is cruel, belittling, and unfair, the persons with the handicaps are now pleading most against insensate and unfair labeling practices." (Perske, 1980, p. 17).

The seed for this "self-advocacy" was originally planted in the minds and hearts of five individuals who were a group of former residents of the Fairview State Hospital and Training Center in Salem, Oregon. In 1973 these five individuals attended a convention in British Columbia which pointed out that, given the chance, handicapped persons could eventually speak for themselves. After returning from the British Columbia experience one of the participants stood up and said, "We are tired of being seen as retarded. We want to be seen and considered as people first!"

Since that first bold plea in 1973, the People First movement has spread to include thousands of handicapped persons throughout the United States and Canada. In Michigan the movement began in 1978 with a consumer gathering held at a ski lodge in Traverse City, Michigan. Within three years, there was phenomenal growth in the number of local People First chapters. The 25 AADD seniors who made up the Macomb integration plan, described in section two, formed a chapter during their year together and called themselves the Utica Seniors Chapter. This section of the monograph is the story of the birth, early development,and current status of the Utica Seniors Chapter of People First.

The Beginning

The Utica Seniors chapter began with the creation of the Shelby Seniors TOO! bi-monthly program. This group experience was designed to provide support to the individual AADD member. In this way each senior had a chance to participate in a group process. It is believed that over time each senior in his own unique and wonderful way would learn to talk for himself, listen to others, make decisions, solve problems, and feel better about who he was. Throughout the gestation of the local chaper the group process was the mechanism used to promote learning and the development of self advocacy. Energy within the group went towards developing individualized self advocacy skills. It is important to remember that as a "helper" for a People First group the responsibility for what happens in the group rests with each person present. This was a difficult lesson for me to learn. In fact, prior to one of the chapter meetings, I became so paranoid over the possibility that the seniors would forget their tasks and materials, that I filled my trunk with extras of everything for which they were responsible. Well, they remembered everything and I, the helper was left with a trunk full of cookies, paper, and punch! Served me right!

This raises the issue of the role of the helper. I believe in the dignity of risk (Perske, 1972) but I also believe that on occasion the "stage should be set" in order to increase the probability that the outcome of the risk will be growth producing and not devastating. For example, during one of our meetings John walked to the front of the room and decided to run the meeting, with no preparation or coaching of the skills necessary to run a meeting. This set him up for ridicule and negative comments from the membership. Same negative feedback may be what John needed to fully experience being a chairperson, but I limited this by reviewing the outline of agenda items and told him he could call on me for advice. I recognized that the process of the AADD seniors learning how to be their own self-advocates would take time and I believe this recognition was critical. We learned together. I provided support, suggestions, and helped develop agenda items and ideas but from the beginning I believe the helper should be working to remove himself/herself from the group.

Our support group agreed that they would meet every other Saturday of the month, and I would assist them to learn how to conduct a meeting. The group had invited a self-advocacy trainer from the Michigan Protection and Advocacy Service to the October 4th meeting to lead a group process about rights, responsibilities, and self advocacy. It was this meeting that created the stimuli which attracted the seniors to the philosophy of People First. The comments made during the discussion about rights reflect a high degree of desire to release the "inner" self advocating voice. Martha said, "I have the right to go with whomever I want to"; John said "I have the right to my own mail, money, and privacy"; Stan said " freedom"; Richard said "I have the right to sing whenever I like"; and Madeline reminded him that "you can sing if we don't listen to it". So we also addressed responsibilities that go along with rights.

The helper must avoid placing the AADD person in a situation of potential

psychological abuse when he re-enters his "home" environment. It was hard for me to remember that no matter how right a statement may be, if a statement is made in the wrong way or at the wrong time once back in the home, it could be punished so severely that the senior's willingness to verbalize future self advocating statements would significantly decrease. A considerable amount of time was spent learning discriminations about when to make self advocacy statements. Again, I believe that the short term pain of compromise justify the long term gains in the growth of self-advocacy.

Seven of the seniors had attended the 1980 Convention of People First in Holland, Michigan, and they talked about their experiences of the movement as a way of motivating other members of the group to become interested in the 1981 conference. John shared how wonderful it was to be on his own with no one to tell him what to do all the time; Joe was being razzed by the others because of his "after-hours" with the ladies; Martha thought going to church alone in a new community was wonderful; and John brought up how much he liked the food. The seniors had not been "prepared" for what to expect at their first conference so the group decided to become more active in the local chapter and to become involved in the planning for the state conference.

In order to implement the chapter's participation in the state planning for the 1981 People First Conference, I announced that only members who wished to participate should volunteer to do so, and I would facilitate their involvement. This was a delicate situation that I didn't handle well, and I will share my experience so that others may avoid a similar patronistic mistake.

When I asked for volunteers the persons who raised their hands at this point were: 1) cognitively able to comprehend my spoken message clearly; 2) had been at the 1980 conference; and 3) were higher functioning in terms of adaptive behaviors. I did not allow the time necessary for each group member to experience this

moment of recruitment and commitment. Instead I wrote down the names of the six seniors and closed the discussion. I didn't realize what I had done until two months later when Millie, one of the seniors not chosen, really chewed me out for not having considered her attendance at the planning meetings. I was reminded to trust the group process, and to slow down my zealousness when it came to nominations or other decisions. After all, I was there to assist not hinder the process.

The seniors managed to catch the infectious spirit of the People First Movement, and were ready to go off to Lansing, the state capital for the first meeting with the state conference planning committee. They were very excited about the opportunity to venture to the state capitol and meet other people who were also speaking for themselves. In fact, Martha mentioned that the last time the group was in Lansing was to protest the moratorium on community residences for the disabled, so she really felt ready to speak up for herself again!

The state planning core group is an essential part of carrying off a People First Conference. This group, which consisted of representatives from twelve chapters around the state, was the stimulus for planning, directing, and helping develop centralized communications for the state movement and conference.

The representatives from the Utica Seniors Chapter were but six of almost 60 persons who made up the planning core group but they quickly made their presence known. With Stan and Bob fulfilling many of the logistic duties, as they did for our chapter meetings, and Martha and Joe making motions, we were certainly becoming an integral part of the core group.

Although I have already discussed the role of the helper, I found that during these meetings, the members had a tendency to depend upon the helpers too much. For example, Martha, attempting to make a point, would turn to me and ask me to raise my hand and discuss her point. Feeling that her point was critical and that

she should share it with the group, I would prompt her to do so. Feeling comfortable she would raise her hand and say, "Dave has something to say!" She was quite embarrassed the first few times I directed all eyes back to her but she quickly began not only to speak for herself but to sit at the front of the room where the President sat! I believe the process should be slowed down during teachable moments like this so that maximum learning can occur.

During the two hour car trip from Utica to Lansing to attend meetings the members spent the time preparing and role playing their participation. Thus the seniors felt comfortable in the group setting when asked to participate.

I had no idea how well the first day in Lansing went, or how much ownership of the core group process the seniors felt, until the next meeting of the Shelby Seniors TOO! group. At that meeting I specifically allocated time for the six members of the Lansing trip to reflect upon and share their experiences with the group. Besides raving about having lunch with the advocacy trainer from Michigan Protection and Advocacy, John and Martha shared snap shots of the capitol, and described the meeting to the group members. After some prompting each made a brief presentation about the activities, and future events and meetings. These behaviors were a clear indication that as core group members they were willing to accept responsibility for spreading the news about their trips and the philosophy of the state movement, as well as doing some public relations. At this point I realized that the energy it took to help handicapped people learn to communicate for themselves was tremendous, but I learned that this core group supplied their peers and me with the much needed energy to continue.

When handicapped people begin to verbally advocate for themselves the "system" must react to their requests. The seniors began requesting that a number of issues be resolved, but <u>one</u> issue bears expanding. The issue had to do with the transportation to the meeting place where I would meet the seniors to take them on

to Lansing. The seniors had informed me that the administrator of their home told them that she could no longer provide transportation to the midpoint meeting place. Upon hearing this from one the of the seniors, I supported the seniors as they advocated for themselves in this regard. The administrator would not listen to the seniors' pleas, and refuted all their arguments on the grounds that it was too expensive to transport them because of gas costs, and "it ties up the car," etc. I found it amusing that staff and administrative resistance blossomed around the time the seniors began self advocating! Could these new barriers be the product of defensive reactions against perceived client independence? I have no data to resolve that particular question, but I can report the effect of a letter, addressed to the administrator with a copy to the casemanager at MORC. In this letter I spelled out the need for support, and the need for recognition of clients basic rights. Transportation was provided.

It is important to remember that even when the client is right, and wisely discriminates which issue should be brought up, and to whom, the helper may need to "assist" his self advocating behaviors with supportive interventions.

The major responsibility of the conference planning core group is to arrange for the annual People First Conference for Michigan. As alluded to by Cunio (1973), "A conference is the time when all People First members gather together to speak, to get support, and to make some common action plans. People have time to support each other throughout the various phases of the conference. A People First convention has some aspects that other conventions do not have, such as concerns for interpreting, concerns for architectural barriers, concerns for learning skills that are completely new, and helping people integrate the total experience. The People First conference must try to provide a full range of experiences to cover the vast range of persons assembled. There is something for everyone, from registering, to using the key for your room, to sleeping at a resort facility, and speaking in front

of a large group.

The initial phase of having a conference involves pre-planning for the conference. The handicapped people themselves, with "consultation" from helpers, arrange the conference from beginning to end. The pre-planning that I witnessed the core group accomplish included: determining where the conference would be held; visiting the facility at Central Michigan University to determine appropriateness in terms of price and accessibility; determining the fee; preparing the brochures; designing the workshops; and many other initial steps that I would not have imagined could have been accomlished by individuals without the group support.

During our trip to Mt. Pleasant, the site identified for the 1981 convention, Stan measured the doorways, aisles, and seats to determine accessibility. In fact, he proudly corrected the University representative about the measurements on a number of occasions. Because the Utica Seniors Chapter of the organization was sponsoring a hospitality suite on the first night for early registrants, Martha, Bob, Joe, and John surveyed the lobby and discussed plans for the most appropriate foods and drinks to serve within the area.

I couldn't believe how excited the group was when they returned to our next meeting of the Shelby Seniors TOO! It was as if the messengers had returned with some divine inspiration! John and Martha again passed around snap shots and discussed in vivid detail each of the prints and what they represented. Stanley told the non-ambulatory club members that they could relax for he had measured the doorways and they would be able to come too! I could feel the enthusiasm mount as time for the convention approached.

Many tasks still faced our representatives in Lansing though. Not the least of which was the determination of contents and the design of the convention flyer. (A copy of the 1981 flyer is in Appendix F of the monograph.) It should be reiterated that the group of 45 - 60 handicapped persons who met in Lansing suggested,

discussed, voted on, and printed all the material contained in this flyer. Again, a testimony to the power of the human spirit. I would like to draw your attention to three items on the flyer.

First, the Utica Seniors Chapter was to sponsor a hospitality suite for the early registrants of the conference. The members believed that the hospitality suite is an important part of any conferences or convention and so decided to offer a buffet for the People First participants arriving on the first night. They felt that this would be an opportunity to bring people with common interests together in the same room. The seniors' sense of themselves and their community would be significantly expanded by this experience, and by paying for the suite they will really own the experience. The members collected returnable beverage cans and were given a donation to help defer the costs of the suite, but most of the money would come from the seniors' donations during the year.

The second item on the flyer was the workshops. The workshops were selected from a large number suggested by the core group. Each workshop selected was designed to expand the awareness and knowledge of the handicapped participants within a particular area so that they would become more ready to advocate for themselves. Each workshop was expected to draw about 150 participants!

The third item on the flyer that should be noted, was the election of officers. Elections are held in the People First organization so that leaders can be elected, choices made, and voting procedures learned. These are all new skills for most People First members. Learning how to participate in the election process is useful for community living. Within People First the election process is carried on by both members and helpers. Final votes and decisions are made by the members,usually with a hand vote. The Utica Seniors chapter were proud that Martha was nominated for vice president and John was nominated for treasurer. Each would be required to make a two minute speech at the conference, and if elected both had pledged to

serve the membership. John, when nominated asked if he could keep the money, and the president said, "No, John you can't, but because we only have about $30.00 in our treasury, we won't worry about you!"

Because of rapidly spreading publicity about the Utica Senior chapter, Martha, Bob, Stan and John were invited to make a presentation about the rights of the handicapped and the People First Movement at the 1981 Annual Convention of Foster Grandparents in Detroit, Michigan. They presented to 45 people crammed into a room for 20. Martha spoke about her life in the community, and reviewed her involvement with Shelby Seniors Too. John, Bob and Stan were nervous but with some prompting did very well. After showing the film, "People First" (see bibliography), John stood up and asked the audience if they had questions! The audience was amazed and asked questions ranging from "how do you like living in the community?" to "where are you going for lunch". I think Stan summed up the seniors growth best when he stood up, pointed to me and said with a smile, "We don't need him anymore, but he's our buddy." Well the group gave Martha, Bob, Stan, and John a standing ovation, and many tears of joy!

At the time of this writing the group was ready to venture northward for the Third Annual People First Conference (1981) in Mt. Pleasant, Michigan. Hopefully the comments and suggestion which I have shared, will inspire others to view handicapped persons as People First, Seniors second, and Handicapped a distant third. For as the title indicates, <u>they are on the move</u>!

"Does this mean we made it?"

You sure have!

The Shelby Seniors Proclamation
April 11th 1981, to the
Shelby Seniors TOO! Graduation Group

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Appendix A: Shelby Seniors TOO!

Multipurpose Center Description

SHELBY SENIORS TOO!

MULTIPURPOSE CENTER DESCRIPTION

OFFERED BY:

SHELBY TOWNSHIP
PARKS & RECREATION DEPARTMENT

MACOMB-OAKLAND
REGIONAL CENTER

INSTITUTE FOR THE STUDY OF
MENTAL RETARDATION AND
RELATED DISABILITIES

AGING AND AGED
DEVELOPMENTALLY DISABLED
PROJECT

GOAL

To develop a series of experiences which will maximize the opportunity for aged developmentally disabled to 1) increase their actualization of self and community, 2) enhance their definition of community by their acceptance into existing senior citizens programs.

PROGRAM DESCRIPTION

The center programming is subject to change as desired by our members, but our program components consist of:

A. Telephone Reassurance: Socially isolated aged developmentally disabled who cannot attend our center will be regularly contacted on the telephone by our seniors and community volunteers to provide the needed companionship.

B. Friendly Visiting: Depending upon our economic resources, our seniors will be provided with the opportunity to learn how to visit isolated seniors who cannot make it into our center.

C. Counseling: Counseling services might include, but not be limited to, behavioral counseling, legal rights counseling, and personal counseling about interpersonal dynamics problems.

D. Education: Education options will include, but not be limited to small groups programming in the areas of:

a. consumer rights
b. home care
c. personal safety and health care
c. practical math
e. self amusement
f. community identification

E. Socialization Services: Social and recreational activities at our center are designed to help our seniors maintain their personal well-being by interaction with staff and other seniors. Examples of activities outside the center are: Tiger Baseball games, bowling, movies, hiking in the woods, and outdoor sports. Inside activities include: movies, dances, table games, painting, writing, sewing.

OTHER SERVICES PROVIDED BY THE CENTER

Referral: When our seniors are experiencing problems with acceptance by their community (i.e. travel, SSI benefits, Medicaid, health services, etc.) referral and training will be facilitated by our staff to meet the clients' needs.

Group Information: Our senior staff will mobilize a wide variety of informational programs which will provide information on various topics.(vial of life, Senior Olympics)

Self-Government: Each participant will be provided with the opportunity to understand and participate on all levels of self government; we will have a president, treasurer and registrar.

Program Fees: Although the activities "inside" the center will be free, donations of .25 to .50 cents are welcomed. Activities outside the center which require the use of the car or purchase of tickets will need to be paid for by our members participating in the activities in advance of the activity.

HOW OFTEN DOES THE CENTER OFFER SERVICES?

Every other Saturday afternoon, starting with our first activity on September 6. We will always begin our program at 1:00 p.m. and end at 4:00 p.m.

HOW DO THE SENIORS GET TO THE PROGRAM?

Without exception, the seniors need to procure their own means of transportation to and from the center. If a senior (or group of seniors) cannot obtain a ride from their home staff, they can be taught to call me during the week and procure a ride. Either I will refer them to someone who is coming with a ride, or I will pick them up, and charge for transportation. Transportation cost is .25 cents per mile.

CAN ANYONE ATTEND THE PROGRAM?

Yes and No! If you are an aged developmentally person who is 50 years of age or older, and meet the criteria for the program YES, you can attend. If you are staff personnel, professional acquaintance, or parent, you may come upon invitation from one of our seniors. You must be aware though, that when food is being served, or when space is a question, priority will be given to registered seniors.

WHO OWNS THE BUILDING?

The Shelby Township Parks and Recreation Department owns the building. We have agreed to withold any form of liability from the Department in exchange for use of the building. The cost of the use is free, with exception of the heat cost during the winter months.

WHAT HAPPENS WHEN THE GROUP FROM THE UNIVERSITY OF MICHIGAN LEAVES?

From the beginning, the program is being designed to accomplish two major goals. First, plans have been made to incorporate our seniors into the existing senior centers within the year. Second, volunteers from the existing senior centers will not only be working with us on Saturdays, but will be inviting our seniors to regularly scheduled activities in their center located in the community.
Many of the non-developmentally disabled seniors are happy to hear that they could be involved with a program on Saturdays, and as such the county council is going to evaluate us and consider our continuance as a regular program for both groups of seniors.

Appendix B: Shelby Seniors TOO!

Group Process Outline

GROUP PROCESS

Goal Statement

Date of Meeting: Location:
Workers:

Objectives for Meeting (numbered)

Meeting Plan Schedule

Time	Activity	Objective #	Properties/Space	Worker

Worker's tasks/activities before meeting:

Meeting # Weather Conditions

Present: Absentees: Reason:

Process Record

Commencing with the first arrival-descirbe the process (without editoralizing or evaluating) until the last departure. As you prepare this, use one half a page only to allow for comments and reflections on other half.

Description of Process: Comments:

Worker's critique/evaluation

(Consider planned and spontaneous interventions in terms of the objectives for the meeting)

Implications for next steps

Things to do

Appendix C: Shelby Seniors TOO!

Multipurpose Center Newsletter

MICHIGAN PROTECTION AND ADVOCACY SERVICE FOR
DEVELOPMENTALLY DISABLED CITIZENS
230 N. WASHINGTON SQUARE, SUITE 200
LANSING, MI 48933
Phone: 1-800-292-5923 (toll free)

ASSOCIATION FOR RETARDED CITIZENS/MICHIGAN
313 S. WASHINGOTN SQUARE, 3rd Floor
LANSING, MI 48933
Phone: 1-517- 487-5426

MICHIGAN SOCIETY FOR AUTISTIC CHILDREN
2002 HOGBACK ROAD, SUITE 18
ANN ARBOR, MI 48104
Phone: 1-313-973-9004

UNITED CEREBRAL PALSY OF MICHIGAN
202 E. BOULEVARD DRIVE, ROOM 360
FLINT, MI 48503
Phone: 1-313-239-9459

EPILEPSY FOUNDATION OF AMERICA
1828 L. STREET, N.W.
WASHINGTON, D.C. 20036

HALLOWEEN GREETINGS were shared with our group at our October 18 meeting, by Martha. She spent considerable time, creating Halloween cards for all of us, and read a few of her creations out loud to our group to set us off in a holiday mood. At the meeting it was suggested that we celebrate senior birthdays once a month, and schedule Bingo and Singing for every session.

We created our senior registry at this meeting, by allowing each registered senior to pick out his/her own name tag and attach it to his/her shirt or blouse. We currently have the following registered seniors to attend our program:

1. Bob	7. Bernice	13. Carol
2. Joe	8. Bernie	14. Kenneth
3. Hazel	9. Madeline	15. Abraham
4. Helen	10. Richard	16. Stanley
5. Ruth	11. Phyllis	17. Martha
6. Bob	12. John	18. Millie

BRICK BATS TO: Dave for not insuring that the Shelby Township personnel were notified about changing our group meeting date from November 1 to November 8. SORRY AL.

HAPPY BIRTHDAY WISHES TO: BOB, who turned 56 years young on October 31, and Hazel, who turned 67 years young on November 16.

RUTH'S ARTISTRY GETS RECOGNIZED!!!

Ruth presented her crewel and embroidery work at the Macomb County Council on Aging, November 25, at 9:00 a.m.

strike three YOU'RE OUT

YOU'RE SAFE!!!! PLAY BALL

TAKE ME OUT TO THE BALL GAME

On September 6, Ken, Bob, John, Joe, Bruce, George and Dave went to the Detroit Tiger Baseball Game. The Tigers against the Minnesota Twins! With exception of the fact that Detroit lost the game, it was a wonderful day. We all would like to thank Kathy for arranging a van for our use. We also applaud the Detroit Tiger Organization for considering elevators for wheelchair access to the Stadium.

GET WELL WISHES:

To HELEN we extend our wishes for a speedy recovery.

SHELBY SENIORS TOO CENTER OPENS

On September 20, 1980, our center opened its doors with a barbecue and games. We managed to consume 60 hotdogs and at least 5 bags of potato chips. Joe and Richard assisted in making the hot dogs, Bernice and Madeline helped set up the chips, relishes, plates and spoons. The rest of us helped eat it all up! After the barbecue, Richard led us in s Sing-along which everyone enjoyed.

Special Thanks goes to Al, for supporting us and helping us procure the Mae Steiker Park Pavilion. Also our thanks to Ruth, who has supported us, volunteered her time, and advocated for our inclusion in the Shelby Township Center, in 1981.

WE ARE PEOPLE FIRST!!!!!

his was the theme of our October 4th meeting, which was designed by Joe, Bob, Stanley, and Martha. On this day, Nancy came to our center to lead a discussion on our rights. After a great deal of discussion on the rights we have as citizens of the United States, we discussed our responsibilities, which go with those rights. Nancy showed a great movie about the first People First Conference, in Oregon, which gave us a chance to redeclare ourselves as People First, and to begin our planning process for next summer's People First Convention. The meeting ended in a Sing-along, led by Richard and Bernice, and a unanimous vote to use our dues to buy Nancy a People First shirt, in appreciation for sharing her time with us.

HELP WITH RIGHTS

REMEMBER IF YOU HAVE ANY QUESTIONS ABOUT YOUR RIGHTS, THE ADDRESSES BELOW CAN HELP YOU.

THANKS to Kevin for donating musical instruments to our SENIOR CENTER so we can now start the SHELBY SENIORS TOO RHYTHM BAND.

OUR NOVEMBER 8 MEETING included a birthday celebration for Bob in which David instructed the frosting making committee (Richard, John, Bernie, and Bernice) to put *TWO CUPS* (not two teaspoons) of warm water in the frosting mix. David tried to get out of it by calling the "stuff" chocolate syrup, which could be poured over the birthday cake. NICE GOING DAVE!!!!!

We created committees of responsibility on this day. They include:

PREPARATION/SET UP (start with coffee, set up tables)	Stan Bob Richard
TRANSPORT MATERIAL (get all the materials from Dave's car into the building)	Martha Ruth Millie
REGISTRAR	Abe
PLATE PERSON (person who brings plates)	Bob
CUP PERSON (person who brings cups)	Stan
CLEAN-UP COMMITTEE	Madeline Carol
SOCIAL WORKER	Richard
SUPERVISORS	Ken Helen
DONATION JAR KEEPER	John

COMMITTEE MEETING IN LANSING

MARTHA, BOB, JOHN, AND DAVE went to Lansing, on November 17 for the first planning meeting of this year's PEOPLE FIRST CONFERENCE. When we arrived in Lansing, we toured the Capital Building, and met with people who were working in the Senate and House Chambers. After the meeting with Nancy, for lunch in a place called The Garage, we all went to our meeting. Martha and John are on the executive planning committee, which is repsonsible for overseeing all the planning of the conference and their first task is to go to Central Michigan University in Mount Pleasant, on Januray 15, 1981, to see if that is a good place for our next year's conference. *CONGRATULATIONS TO JOHN AND MARTHA!!!!!*

REMINDER: The PEOPLE FIRST CONFERENCE will be in August, 1981. It looks like it will cost about $20.00 a piece; this includes meals a place to sleep, conference registration and any materials. That's not bad, but you will need to start saving NOW.

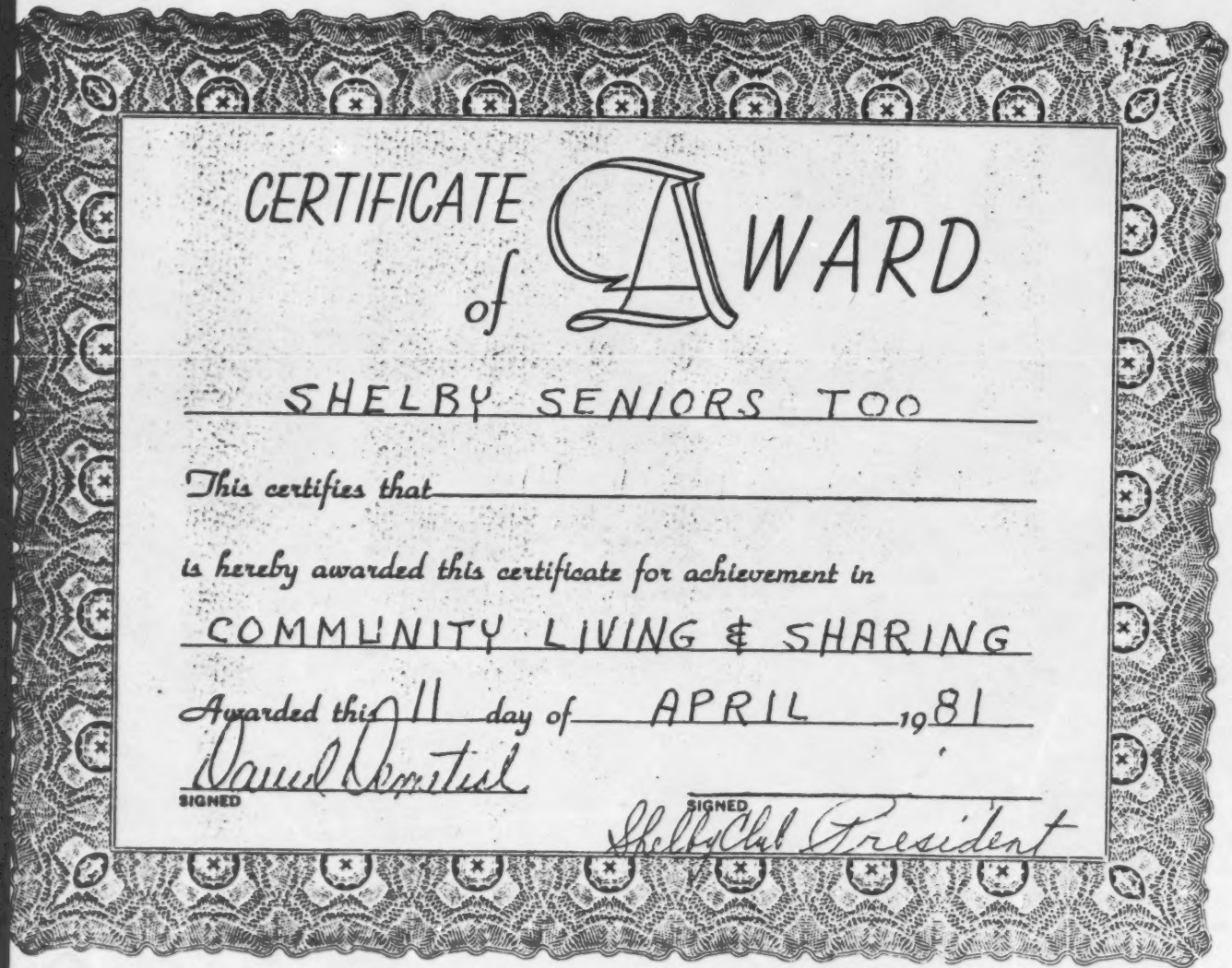
Appendix D: Meeting Plan Schedule

MEETING PLAN

	Activities	Prop/Space	Workers
1:00-1:40	WELCOME/SETUP	ORANGE ROOM	DD/MUD
	a. unloading car		
	b. setting up orange room		
	chairs and tables		
	coffee pot, spoons	coffee pot, sugar	
	cups, sugar, cream	diet sugar, cream	
	c. handing up own coat	coat rack/hangers	
	d. making own coffee		
	e. picking up own name tag	registry board	
	f. making donation in jar	donation jar	
	g. socializing with other members	activities board	
		committee sheets	
	h. play music	tape/player tapes	
1:40-2:30	BUSINESS MEETING	ORANGE ROOM	DD/MUD
	AWARENESS SESSION		
	INTRODUCE VISITORS	newsprint	
		magic markers	
	a. Report by People First		
	Visit by MARTHA,		
	BOB, JOHN		
	b. Give feedback for responsibility duties		
	c. Problem solve where and		
	what activities we should		
	arrange on Dec. 6, 20,		
	Jan. 10		
	and where we should meet		
	d. Sign get-well card for	get-well card	
	HELEN		
2:30-3:15	BINGO/FOOTBALL GAME	GLASS ROOM/ORANGE ROOM	DD/MUD
		Bingo cards & chips	
		Television	
3:15-3:45	Make Blueberry Muffin Cake	Blueberry cake	MUD/DD
		plates, forks,	
		napkins,	
	Singing & Rhythm Band	instruments/song book	
3:45-4:00	CLOSURE/CLEAN UP	GLASS ROOM/ORANGE ROOM	MUD/DD
	a. replace name tags		
	b. clean coffeepot		
	c. clean up tables		
	d. pick up cups		
	e. mop up floor	mops	
	f. wipe off cabinets	wipe up rags	
	g. fold up chairs.		

Appendix E: Shelby Seniors TOO!

Sample of Graduation Diploma



CERTIFICATE of AWARD

SHELBY SENIORS TOO

This certifies that _____

is hereby awarded this certificate for achievement in

COMMUNITY LIVING & SHARING

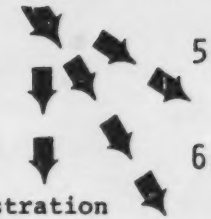
Awarded this 11 day of APRIL 1981

SIGNED _____

SIGNED _____

Shelby Club President

conference agenda



FRIDAY, JULY 31, 1981

4:00- 8:00PM Early registration for those staying Friday night. night. (An addition registration fee of $7.00 is required)

5:30- 6:30PM Hospitality Suite in lobby for early registrants. Sponsored by Utica Seniors.

SATURDAY, AUGUST 1, 1981

9:00-12:00AM Registration and Coffee in Lobby

12:00- 1:00PM Lunch

1:00- 1:30PM Welcome, Announcements, Workshops by Kevin Radel, President Michigan People First.

2:00- 3:00PM Mini Workshops:

A--Human Sexuality

B--Name Calling and Labeling in Developmental Disabilites

C--Barriers in the Environment

D--Employment Opportunities

3:00- 3:30PM Break

3:30- 4:30PM Repeat of Mini Workshops listed above.

4:30- 5:00PM Group meeting for Announcements

5:00- 6:30PM Free time--Films will be shown for those who are interested.

6:30- 8:00PM Banquet in the dining room. Our Guest Speaker will be announced.

8:00-11:00PM Party with a live band.

SUNDAY, AUGUST 2, 1981

7:30- 8:30AM Breakfast in the dining room

8:30- 9:30AM Mini Workshops

A--Cooking and Independent Living Skills

B--Dressing for Success

C--Leisure and Recreation Opportunities

D--Planning Programs

9:30-12:00AM Group session in the dining room. Election of Officers, Participants speaking about their concerns, etc.

12:00- 1:00PM Lunch and goodbyes.

? IF YOU HAVE ANY QUESTIONS ABOUT THE CONFERENCE, CONTACT:

PEOPLE FIRST Registration Form: Due by JULY 15th

Complete all information below:(Please print)

NAME _____

ADDRESS _____

CITY _____ ZIP _____

AREA CODE _____ PHONE NUMBER _____

All rooms are for two or four people. Please specify the following information:

Sex: _____ Smoking: _____

If you would like someone in particular for a roommate, please give us that person's name _____

Please specify the name of your aide or advisory, if any _____

WILL YOU REQUIRE SPECIAL ARRANGEMENTS? If so, please check the appropriate space. Note that all participants requiring a personal aide are expected to arrange for such help prior to the conference.

_____ Require an accessible room (first floor)

_____ Require an interpreter.

_____ Require a nurse to give medications. Please specify medications required: _____

_____ Require other arrangements (ie. diets) Please specify: _____

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65-2